

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/601515

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | 1 |
| 3 | | 1 | | | | 1 |
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| 5 | | 1 | | | | 1 |
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| 7 | | 1 | | | | 1 |
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| 10 | | 7 | | | | 6 |
| 11 | | 7 | | | | 6 |
| 12 | | 1 | | | | 1 |
| 13 | | 1 | | | | 1 |
| 14 | | 1 | | | | 1 |
| 15 | 1 | | | | 1 | |
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| 19 | | 1 | | | | 1 |
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| 24 | 1 | | | | 1 | |
| 25 | | 1 | | | | 1 |
| 26 | | 2 | | | | 2 |
| 27 | | 2 | | | | 2 |
| 28 | 1 | | | | 1 | |
| 29 | | 1 | | | | 1 |
| 30 | | 1 | | | | 1 |
| 31 | | 3 | | | | 3 |
| 32 | | 1 | | | | 1 |
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| TOTAL IND. | 5 | | | | | |
| TOTAL DEP. | 58 | | | | | |
| TOTAL CLAIMS | 63 | | | | | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 100 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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National Stage Processing
(703) 305-3831

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